

Equine WNV Surveillance

Internal Use State ID _____

County _____

Date _____

Internal Use WADDL Log Information

Client

Washington State Department of Health
Office of Environmental Health & Safety
PO Box 47825
Olympia, WA 98504-7825
(360) 236-3369

Submitter

Refer to Submitting Veterinarian below

Case Number **(place case number label here)**

Submitter Please Complete This Section

Veterinarian Information (Submitter)

Clinic Name _____

Address _____

City/State/Zip _____

Contact Person _____

Phone _____

Fax _____

Email _____

Confirmation that veterinarian asked equine owner whether:

Willing to pay for testing ☐ Yes ☐ No

Permission to test for surveillance purpose ☐ Yes ☐ No

Clinical History

Age _____ ☐ Years ☐ Months ☐ Weeks ☐ Days ☐ Unknown

Breed _____ ☐ Unknown

Gender ☐ Female ☐ Male ☐ Unknown

WNV Vaccinated ☐ Yes ☐ No ☐ Unknown

Date of last vaccine ____/____/____ ☐ Unknown

Date of Clinical Onset ____/____/____ ☐ Unknown

Vital Status ☐ Alive ☐ Dead ☐ Euthanized

Neurological Illness ☐ Yes ☐ No ☐ Unknown

Symptoms _____

Collection Location

Physical Address _____

City/State _____

County _____

Zip Code _____

Collection Date ____/____/____

Specimen Type ☐ Blood ☐ Brain (rabies testing required)

Exposure History

Travel outside of county ☐ Yes ☐ No ☐ Unknown

Destination _____ ☐ Unknown

Return date ____/____/____ ☐ Unknown

Exposure to mosquitoes ☐ Yes ☐ No ☐ Unknown

Describe _____

Precautions to avoid mosquitoes ☐ Yes ☐ No ☐ Unknown

Describe _____

State Contacts (Your contact at the state level that helped with this equine WNV surveillance request.)

Department of Health

Name _____

Phone _____

Department of Agriculture

Name _____

Phone _____

Submit Specimen For Testing To

Please submit specimen to:

Washington Animal Disease Diagnostic Laboratory
Washington State University
Bustad Hall Room 155-N
Pullman, WA 99165-2037
(509) 335-9696

Test Information - DOH Internal Use

Note: This section is intended for data entry purposes.

Refer to the WADDL test report for the following information: Date Received for Testing; Date Tested; Specimen Type; Test Method; WNV Status; and Lab Case Number. To help with the transfer of data from the WADDL test report to this section, see interpretation below.

WADDL Report Interpretation

Submittal Date = Date Received for Testing

Report Date = Date Tested

Result = WNV Status

Case# = Lab Case Number

Date Received for Testing ____/____/____

Date Tested ____/____/____

Specimen Type ☐ Blood ☐ Brain ☐ Tissue
☐ Histology ☐ Other _____

Test Method ☐ IgM capture ELISA ☐ WNV PCR
☐ WNV Isolate ☐ Other _____

WNV Status ☐ Confirmed ☐ Probable ☐ Suspect
☐ Pending ☐ Negative ☐ Unsure

Results Value None _____

(Change Results Value from None, if indicated on WADDL report)

Results Abnormal ☐ Yes ☒ No ☐ Unsure ☐ Pending

(Change Results Abnormal from No, if indicated on WADDL report)

Lab Case Number _____